10-17 Bye. RCE(1700-10-11)

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Application Number	10/049,606			
Filing Date	2/14/2002			
First Named Inventor	Ulrike RöCKRATH et al.			
Art Unit	1711			
Examiner Name	BERMAN, SUSAN W.			
Attorney Docket Number	IN-5555			
	Filing Date First Named Inventor Art Unit Examiner Name			

**Commissioner of Patents** P.O. BOX 1450, Alexandria Virginia 22313-1450

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RADEMAE

**REQUEST** FOR

## **CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to:

**Box RCE** 

P.O. BOX 1450, Alexandria, Virginia 22313-1450

Application Number	10/049,606		
Filing Date	2/14/2002		
First Named Inventor	Ulrike RöCKRATH et al.		
Art Unit	1711		
Examiner Name	BERMAN, SUSAN W.		
Attorney Docket Number	IN-5555		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

	Out interior	d under 27 CED 1 111							
1.	1. Submission requested under 37 CFR 1.114								
	<ul> <li>a. Previously submitted</li> <li>i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on</li></ul>								
	_iiiOi	her			_				
	b. X Enclosed i. A	mendment/Reply	iii.	Information Disclo	sure State	ement (IDS)			
	ii. A	ffidavit(s)/Declaration(s)	iv. 🗅	From PTO-1449 a	and the Cit	led References			
2.	Miscellaneous								
	a. Suspension of action on the above-identified application is requested under 37 CFR 1.103© for a Period of months. (period of suspension shall not exceed 3 months: Fee under 37 CFR 1.17(i) request)								
	b. Other								
3.	3. Fees The RCE fee under 37 CFR 1.117(e) is required by 37 CFR 1.114 when the RCE is filed.								
	<ul> <li>a.</li></ul>								
	ii. Extension of time fee (37 CFR 1.136 and 1.17)  Other								
	b. Check in	the amount of \$ enclo	osed						
c. Payment by credit card (Form PTO-2038 enclosed)  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
		SIGNATURE OF APPLI	CANT, ATTORNEY, OR	AGENT REQUIRED					
Name	e (print Type)	Michael F. Morgan	Regis	ration No. (Attorney Age	ent)	42,906			
Signature		mel my			Date	October 14, 2003			
CERTIFICATE OF MAILING OR TRANSMISSION									
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	ne (Print Type)	Marjorie Ellis	•		44 000				
	nature	my 5°	er_	0.0.0	er 14, 2000	case. Any comments on the			
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